

41A720RC-C (10-08)
Commonwealth of Kentucky
DEPARTMENT OF REVENUE

Page _____
of _____**SCHEDULE RC—PART I**
CONTINUATION

Name of <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Pass-through Entity <input type="checkbox"/> General Partnership; <input type="checkbox"/> Individual <input type="checkbox"/> Other _____				Kentucky Corporation/ LLET Account Number (if applicable) _____		Identification Number _____	
A	B	C	D	E	F	G	
Type of Equipment	Equipment Location (City in Kentucky)	Date of Purchase (Mo., Day, Yr.) (see instructions)	Date of Installation (Mo., Day, Yr.) (see instructions)	Purchase Price	Installation Cost	For Department of Revenue Use Only Approved Amounts from Col. E and F	
Describe how used:							
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